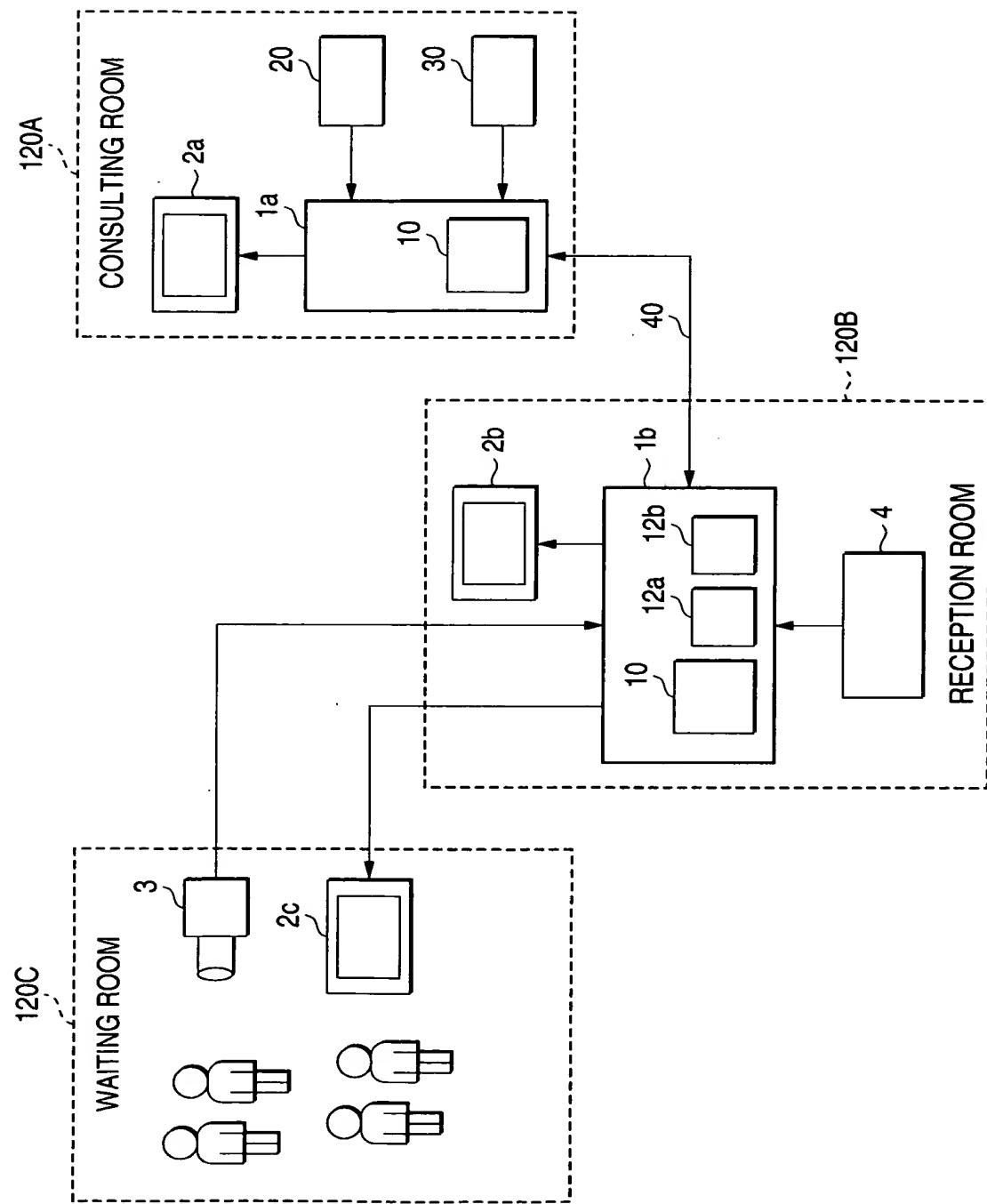


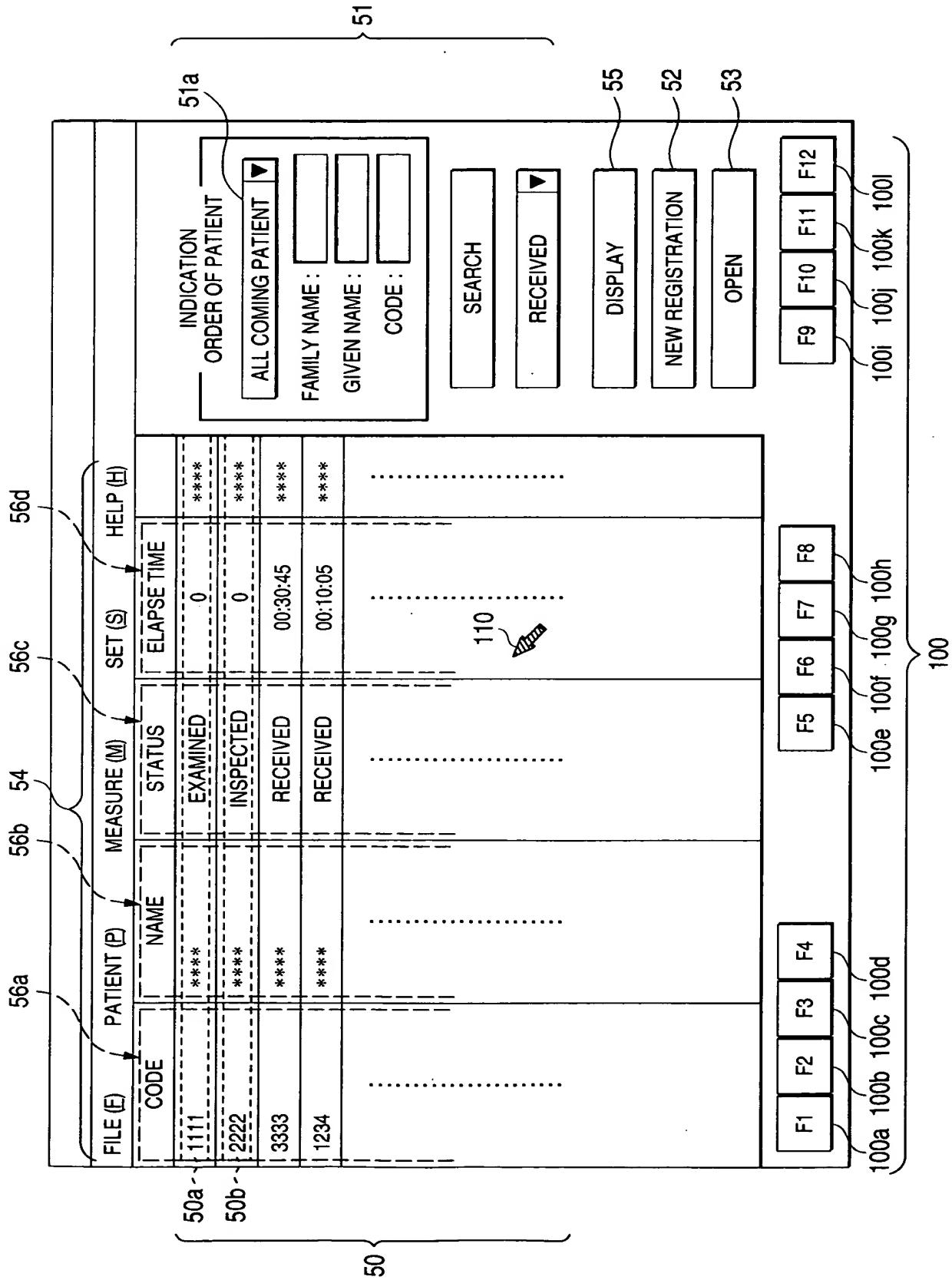
1/7

FIG. 1



2/7

FIG. 2



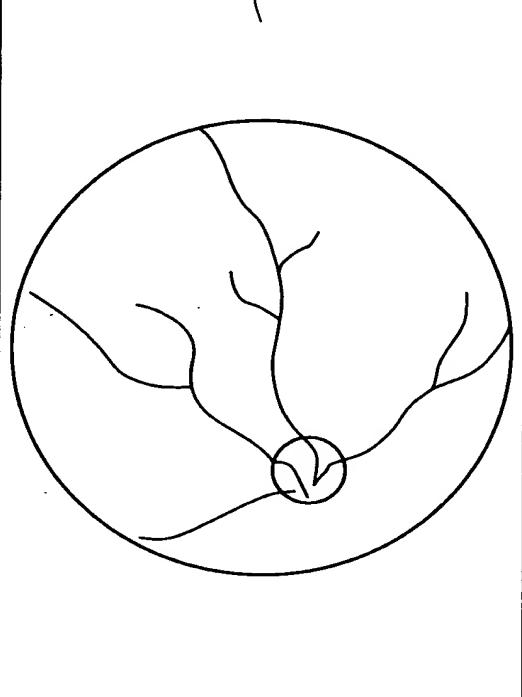
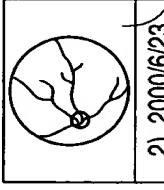
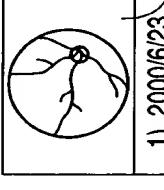
3/7

**FIG. 3**

FILE (E)	PATIENT (P)	MEASURE (M)	SET (S)	HELP (H)
<input type="checkbox"/> *****		<input type="checkbox"/> OK	<input type="checkbox"/> CANCEL	
<input type="checkbox"/> PATIENT DATA		PHONETIC TRANSCRIPTION : <input type="text"/>	(FAMILY NAME) <input type="text"/>	
<input type="checkbox"/> CLINICAL HISTORY		FAMILY NAME : <input type="text"/>	GIVEN NAME : <input type="text"/>	
<input type="checkbox"/> TODAY	<input checked="" type="checkbox"/> FUNDUS (COLOR)	SEX : <input type="radio"/> MAN <input checked="" type="radio"/> WOMAN	BIRTHDAY : <input type="text"/>	CODE : <input type="text"/>
<input type="checkbox"/> FUNDUS (FAG)	<input type="checkbox"/> FUNDUS (FAG)			
<input type="checkbox"/> SLIT	<input type="checkbox"/> SLIT			
<input type="checkbox"/> 2000/6/20	<input type="checkbox"/> 2000/6/20			
<input type="checkbox"/> FUNDUS (COLOR)	<input type="checkbox"/> FUNDUS (COLOR)	FIRST MEDICAL EXAMINATION : <input type="text"/>	ADDRESS : <input type="text"/>	TELEPHONE NUMBER : <input type="text"/>
<input type="checkbox"/> FUNDUS (FAG)	<input type="checkbox"/> FUNDUS (FAG)			INSURANCE NUMBER : <input type="text"/>
<input type="checkbox"/> SLIT	<input type="checkbox"/> SLIT		DOCTOR IN CHARGE : <input type="text"/>	E-MAIL ADDRESS : <input type="text"/>
<input type="checkbox"/> VIEW	<input type="checkbox"/> VIEW			
<input type="checkbox"/> 2000/5/1	<input type="checkbox"/> 2000/5/1			
<input type="checkbox"/> FUNDUS (COLOR)	<input type="checkbox"/> FUNDUS (COLOR)			
<input type="checkbox"/> SLIT	<input type="checkbox"/> SLIT			
<input type="checkbox"/> VIEW	<input type="checkbox"/> VIEW			
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> TEMPORARY			
<input type="checkbox"/> ORDER OF ITEMS	<input type="checkbox"/> ORDER OF DATES	 JPEG		
<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	<input type="checkbox"/> F4	<input type="checkbox"/> F5 <input type="checkbox"/> F6 <input type="checkbox"/> F7 <input type="checkbox"/> F8 <input type="checkbox"/> F9 <input type="checkbox"/> F10 <input type="checkbox"/> F11 <input type="checkbox"/> F12

4/7

FIG. 4

<p>1111 ****</p> <p><b>INPUT</b></p> <table border="1"> <tr><td></td><td>INPUT</td></tr> <tr><td></td><td>INPUT</td></tr> <tr><td></td><td>INPUT</td></tr> <tr><td></td><td>INPUT</td></tr> </table> <p><b>STORAGE</b></p> <table border="1"> <tr><td></td><td>STORAGE</td></tr> <tr><td></td><td>STORAGE</td></tr> <tr><td></td><td>STORAGE</td></tr> <tr><td></td><td>STORAGE</td></tr> </table>			INPUT		INPUT		INPUT		INPUT		STORAGE		STORAGE		STORAGE		STORAGE	<p>IMAGE NO. 2 (FUNDUS COLOR 640 x 480 JPEG IMAGE HIGH) EYE TO BE EXAMINED: LEFT EYE</p>  <p>70</p> <p>EYE EXAMINED DATA</p> <p>EYE-EXAMINED DATE 2000/6/23 ▶</p> <p>EYE TO BE EXAMINED</p> <table border="1"> <tr><td>PENDING</td><td>LEFT EYE</td><td>RIGHT EYE</td></tr> </table> <p>IMAGE FORMAT</p> <p>JPEG IMAGE HIGH ▶</p> <p>MODE</p> <p>FUNDUS (COLOR) ▶</p> <p>FINISH</p>		PENDING	LEFT EYE	RIGHT EYE
	INPUT																					
	INPUT																					
	INPUT																					
	INPUT																					
	STORAGE																					
	STORAGE																					
	STORAGE																					
	STORAGE																					
PENDING	LEFT EYE	RIGHT EYE																				
		<p>PASSING TIME: 15:30:24</p> <p>EYE-EXAMINED DATE: 2001/06/23</p> <p> 1) 2000/6/23</p> <p> 2) 2000/6/23</p> <p>70a</p> <p>70b</p> <p>71</p>																				

74

73

75

5/7

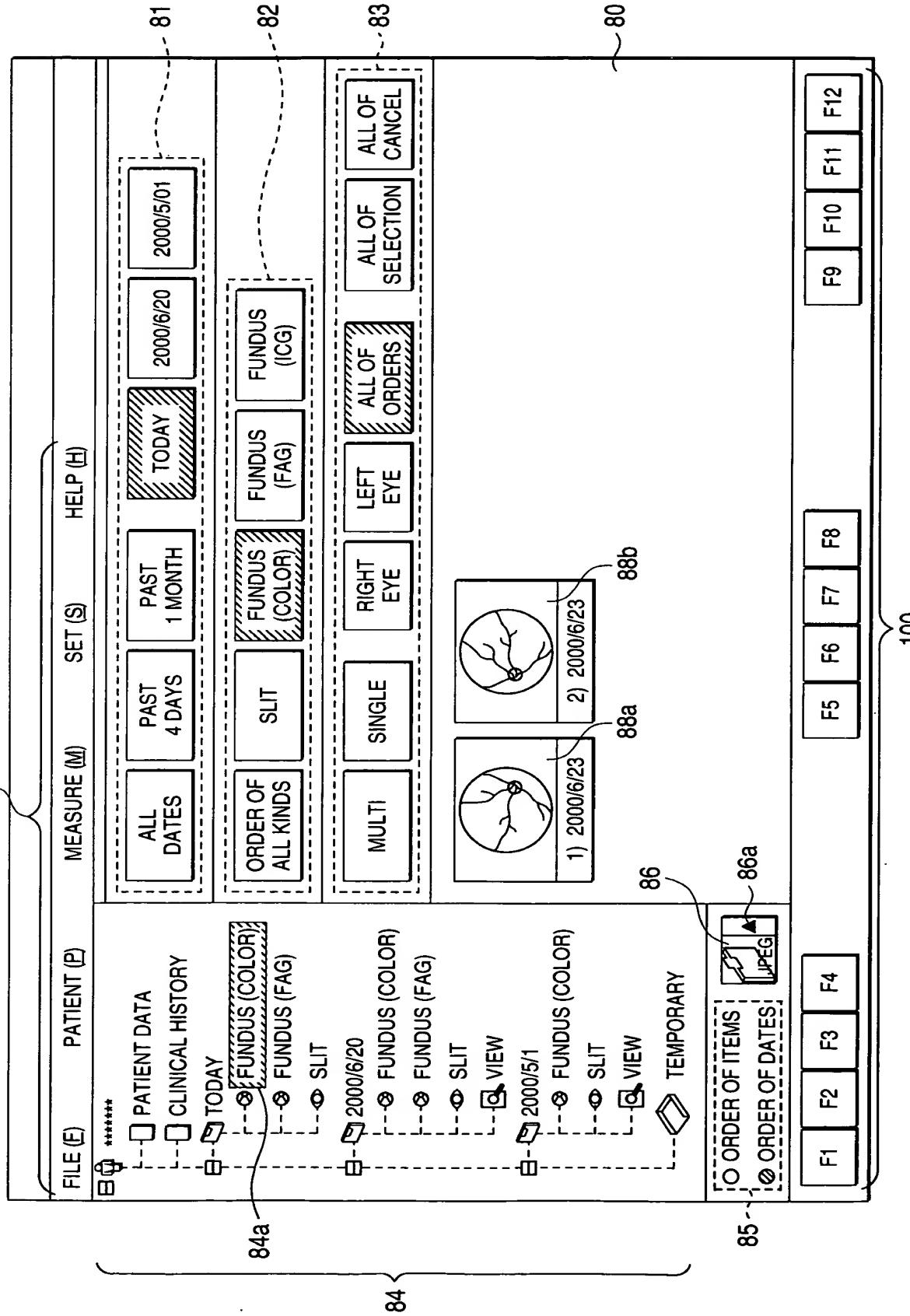


FIG. 6

FILE (E)	PATIENT (P)	MEASURE (M)	SET (S)	HELP (H)
50a 1111 ****	NAME EXAMINED	STATUS INSPECTED	ELAPSE TIME 0	INDICATION ORDER OF PATIENT ▼ ALL COMING PATIENT
50b 2222 ****			0	FAMILY NAME: GIVEN NAME: CODE:
3333 ****	RECEIVED	RECEIVED	00:30:45 *** .....	SEARCH RECEIVED ▼ 110 DISPLAY
1234 ****			00:10:05 *** .....	55 NEW REGISTRATION OPEN
				52 F9 F10 F11 F12
				53 F5 F6 F7 F8
				F4

54

50

51

51a

51b

52

53

55

57a

57b

7/7

FIG. 7

2c

NAME	STATUS	ELAPSE TIME
***	EXAMINED	0
***	INSPECTED	0
***	RECEIVED	00:30:45
***	RECEIVED	00:10:05
...	...	...

FIG. 8A

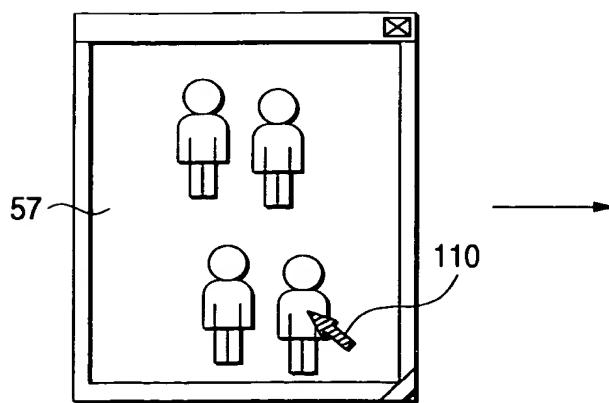


FIG. 8B

